

**Fertility Intentions and Patterns of contraceptive behaviour among women
living with HIV in Nigeria's Federal Capital Territory, Abuja**

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ABSTRACT

Although societal expectations for women to marry and bear children at certain ages still exist, the reproductive desires of many women living with HIV in developing countries may remain an illusion for many years to come.

Data on fertility intentions and contraceptive behaviour in the 12 months preceding the survey was collected among women of reproductive age attending HIV, VCT and ANC clinics at the University of Abuja Teaching Hospital and State House Medical Center and analyzed using a case-control study design.

Results showed that there is no significant difference between fertility intentions of women who have tested positive for HIV and those who have not. Contraceptive behaviour however differ significantly among the two groups.

The study suggests an urgent need to improve accessibility to antiretroviral therapy in the country if the reproductive desires of women living with HIV are to be met.

EXTENDED ABSTRACT

Research over the years has shown that most of the women living with HIV/AIDS are in their reproductive years when many of them anticipate marriage and childbearing (Whelan, 1999; Page, 2001; Baylies, 2002). However, regardless of the introduction of antiretroviral therapy, the reproductive desires of most of these women especially those in developing countries may remain an illusion for many years to come considering the impact of the disease on reproductive health outcomes and its likely influence on future fertility desires.

Fertility intentions of HIV-infected women are affected by the same community and cultural norms and are generally similar to those of uninfected women (Cooper et al, 2005). Apart from societal expectations for women to marry and bear children at certain ages, many HIV infected women also want to ensure that their *rights* to marry and reproduce are duly exercised in spite of the high risks that may be associated with being infected, (Adair, 2007). Many HIV positive women want to exercise their reproductive rights which include the right to choose whether or not to have children; to freely decide the number and spacing of their children; to use (or not use) contraceptives and to freely decide on the type of contraceptive they would prefer to use; to carry a pregnancy to term or terminate it through an induced abortion, etc

HIV positive women may desire children for different reasons. In high-fertility societies for example, women may wish to have a child to conceal their HIV status and avert suspicion that they are infected. Having children may also provide a sense of normalcy to family life and an affirmation of health.

Despite the fact that HIV positive people still express the desire to bear children in the future, they also express the need to prevent unplanned pregnancy, to space their children or stop childbearing (Baek and Rutenberg, 2005). Different contraceptive methods are available, and a wide range of choices from which HIV positive people can select the method most suitable for them also exist. However, demand for contraceptives among HIV positive individuals may be influenced by a number of factors including the number of children they already have before diagnosis, past pregnancy outcomes, the stage of the disease, concerns about side effects and interaction of the method with HIV-status (Baek & Rutenberg, 2005). Findings from studies of contraceptive use among HIV positive women in sub Saharan Africa have shown that overall, contraceptive use among HIV-positive women may be lower than that of uninfected women (Nebie et al, 2001; Desgrees Du-Lou, 2002; 2005), while some other studies in similar settings also found that HIV status may enhance contraceptive use (Allen et al, 2003; Kagaayi et al, 2006). Contraceptive use among HIV positive individuals is usually low when there is a desire for additional children indicating that HIV status does not always have a negative effect on fertility intention.

In Nigeria, many HIV/AIDS studies have concentrated on prevention of mother to child transmission (PMTCT) which to a large extent deals with prevention of infants from being infected. However, sufficient attention has not been paid to understanding the dynamics of fertility related decision-making as well as the fertility intentions of HIV positive women in Nigeria in order to ensure that the reproductive rights of infected women are protected.

Method

The study took place in Abuja, Nigeria's Federal Capital Territory. A *case-control study design* was employed. The study was hospital based¹ and took place in selected hospitals housing ART clinics in the FCT namely University of Abuja Teaching Hospital and State House Medical Center. Ethical approval to conduct the study in these hospitals was sought and obtained.

Cases and controls were selected on a case-control ratio of 1 case: 2 controls. There was no matching of cases and controls.

Inclusion criteria for cases: women of childbearing age (15-49); positive HIV status confirmed through a laboratory test. The study excluded HIV positive women who are not sexually active as at the time of the survey.

Inclusion criteria for controls: Women of childbearing age (15-49); negative HIV status confirmed through a laboratory test (in the last 12 months).

Sources of cases and controls: ANC, VCT, HIV clinics in each of the selected hospital

Sample size: Using sample size formula from Schesselman (1982), and assuming 20% non-response rate and design effect of 1.3, the total sample size for the study was 1,020 (340 cases and 680 controls).

The total sample size for the study was distributed proportionately between the two hospitals. Eligibility of participants was determined before each clinic commences using an eligibility schedule developed for this purpose. All eligible women were sampled using the systematic sampling approach. Data collection continued until the desired number of respondents was arrived at.

Data collection: Both quantitative and qualitative data were collected for the study. Structured questionnaires were used to collect the quantitative data for the study while indepth interview method was used to collect the required qualitative data. The objectives of the study, voluntary participation and confidentiality of participants were explained to women before requesting their consent to participate in the study.

The Research ethical Considerations

Studies involving HIV positive people have always encountered some challenges regardless of the setting in which the study takes place. The most common challenge is the elimination of all forms of discrimination and stigmatization against study participants who invariably might have tested positive for HIV. Stigmatization affects the validity of data gathered for HIV studies in a lot of ways. Firstly, it makes it difficult to gain the consent of the study participants as they are likely to interpret any form of action or reaction at any time during the study as discrimination on the basis of their disease status. Secondly, if a researcher eventually wins the consent of a participant, one cannot ascertain that responses to questions in a research instrument will capture the exact interest of the researcher. However, as with other areas of research, one cannot determine the reliability of responses based on facial values.

It is important to state here that collecting quantitative data might pose fewer problems than qualitative data. For example, in this present study, we used indepth interview to gather the necessary qualitative data. One problem that is associated with

¹ The decision to conduct the study in hospitals is based on the need to ascertain that would-be respondents have been tested for HIV in a laboratory with a definite result.

this method is ensuring that interviewees were able to express themselves freely without any feeling that they are divulging too much information which they may consider to be personal. If participants hold back vital information during an interview session, this may affect the validity of results.

Results

Results showed that there is no significant difference between fertility intentions of women who have tested positive for HIV and those who have not. HIV positive women who do not have a surviving child expressed strong desire to have a child in the future especially. The decision to have a child was seen a right by both groups of women. Contraceptive behaviour however differs significantly among the two groups.

Conclusion

The study suggests an urgent need to improve accessibility to antiretroviral therapy in the country if the reproductive desires of women living with HIV are to be met.